Case 17-32156-JKS Doc 13 Filed 12/06/17 Entered 12/06/17 20:39:05 Desc Main

		BOOMING	1 taux: 1 taux: 1	
Fill in this infor	mation to identify your	case:		
Debtor 1	Sonia Y Scott			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	_
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number	17-32156			
(if known)				☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

t 1: Summarize Your Assets		
		assets of what you own
Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	2,049,936.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$	28,138.00
1c. Copy line 63, Total of all property on Schedule A/B	\$	2,078,074.00
t 2: Summarize Your Liabilities		
		liabilities int you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	1,049,229.00
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	362,189.0
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	123,622.2
Your total liabilities	\$	1,535,040.23
t 3: Summarize Your Income and Expenses		
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	18,823.1
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	12,039.4
4: Answer These Questions for Administrative and Statistical Records		
Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other s	chedules.
■ Yes What kind of debt do you have?		
	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B

the court with your other schedules.

Official Form 106Sum

Summary of Yo

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

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Page 2 of 47 Case number (if known) $\underline{ 17-32156}$ Debtor 1 Sonia Y Scott

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

13,009.91 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	362,189.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	5,209.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	367,398.00

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Ca	36 11-32130-31	(3 DUC 10		cument Page 3 of 47	00/1/ 20		Desc Main
Fill in this in	formation to identify	your case and the					
	<u> </u>		ina ining	3 •			
Debtor 1	Sonia Y Sco		e Name	Last Name			
Debtor 2	Filst Name	Middi	e Name	Last Name			
Spouse, if filing)	First Name	Middle	e Name	Last Name			
Inited States	Bankruptcy Court for	the: DISTRICT	OF NEV	N JERSEY			
ornica Otatos	Barikraptoy Court for	210111101	01 1121	., 02.1.02.1			
Case number	17-32156						☐ Check if this is an
							amended filing
each categor		escribe items. List		only once. If an asset fits in more than on			
	more space is needed,			married people are filing together, both are his form. On the top of any additional page			
	•						
art 1: Descr	ribe Each Residence, Bi	uliding, Land, or O	tner Real	Estate You Own or Have an Interest In			
Do you own	or have any legal or eq	uitable interest in a	any resid	ence, building, land, or similar property?			
□ No. Go to							
■ Yes. Whe	ere is the property?						
.1			What	is the property? Check all that apply			
	ee Top Drive		vviiai				
	ress, if available, or other des	cription		Single-family home Duplex or multi-unit building		deduct secured claims or exemptions. Put bunt of any secured claims on Schedule D:	
				Condominium or cooperative	Creditors	Who Have Clain	ns Secured by Property.
				Condomination Cooperative			
				Manufactured or mobile home	Current	alue of the	Current value of the
Spring	field NJ	07081-0000		Land	entire pro		portion you own?
City	State	ZIP Code		Investment property	\$7	23,173.00	\$723,173.00
					Describe	the nature of v	
			П	Other			our ownership interest
			_		- 1:6		our ownership interest ancy by the entireties, or
			Who	has an interest in the property? Check one		te), if known.	
Union			Who	Debtor 1 only	a life esta Joint te	te), if known.	
Union County			Who	Debtor 1 only Debtor 2 only		te), if known.	our ownership interest ancy by the entireties, or
Union County			Who	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Joint te	te), if known. nant k if this is com	
			Who	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Joint te	te), if known. nant k if this is comstructions)	ancy by the entireties, or

Official Form 106A/B Schedule A/B: Property page 1

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eptor 1	Sonia y Scott			Case	number (if known) 1	7-32156
If you o	own or have more	than one. list h	nere:			
.2				is the property? Check all that apply		
	ford Street			Single-family home		d claims or exemptions. Put
Street addr	ress, if available, or other des	scription		Duplex or multi-unit building		cured claims on Schedule D: Claims Secured by Property.
				Condominium or cooperative		, , ,
				Manufactured or mobile home		
East O	range NJ	07018-0000		Land	Current value of the entire property?	Current value of the portion you own?
City	State	ZIP Code		Investment property	\$126,763.0	• •
				Timeshare	Describe the nature	of your ownership interest
				Other	(such as fee simple,	tenancy by the entireties, or
			Who	has an interest in the property? Check one	a life estate), if know	
			_	Debtor 1 only	Trustee on prop	erty
Essex				Debtor 2 only		
County				Debtor 1 and Debtor 2 only		community property
			245	At least one of the debtors and another	(see instructions)	
				information you wish to add about this iten erty identification number:	n, such as local	
			ргорс	nty racination number:		
	est 136th Street ress, if available, or other dec	10001-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	the amount of any sec	d claims or exemptions. Put sured claims on Schedule D: Claims Secured by Property. Current value of the portion you own?
City	State	ZIP Code		Investment property	\$1,200,000.0	0 \$1,200,000.00
				Timeshare	Describe the nature	of your ownership interest
				Other		tenancy by the entireties, or
			Who	has an interest in the property? Check one	Trustee on prop	
New Yo	ork		_	Debtor 1 only Debtor 2 only	Tructor on prop	
County				Debtor 1 and Debtor 2 only		
·				At least one of the debtors and another	Check if this is (see instructions)	community property
			Other	information you wish to add about this iter	, ,	
				erty identification number:		
				your entries from Part 1, including any		\$2,049,936.00
		Part 1. Write that	numbe	r here		
art 2: Descr	ribe Your Vehicles					
				ny vehicles, whether they are registere ichedule G: Executory Contracts and Une		y vehicles you own that
Cars, vans	s, trucks, tractors, sp	oort utility vehicle	es, moto	rcycles		
■ No						
ΠYes						

Official Form 106A/B Schedule A/B: Property page 2

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D	ebtor 1	Sonia Y Scott	Case number (if knov	m) <u>17-32156</u>
			r homes, ATVs and other recreational vehicles, other vehicles, and accessories notors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories	
	■ No			
	□ Yes			
5			ne portion you own for all of your entries from Part 2, including any entries for for Part 2. Write that number here=>	\$0.00
Pa	art 3: Des	scribe Your Persona	al and Household Items	
De	o you ow	vn or have any leg	al or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Example ☐ No	old goods and fur les: Major appliance Describe	rnishings es, furniture, linens, china, kitchenware	
			Used Household Goods and Furnishing at debtor's residence	\$12,000.00
_				
7.	Electron Example	es: Televisions and	I radios; audio, video, stereo, and digital equipment; computers, printers, scanners; musi hones, cameras, media players, games	c collections; electronic devices
	Yes.	Describe		
			Used Electronics at debtor's residence	\$1,500.00
	■ No □ Yes.	other collection Describe ent for sports and	aphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; cano-	
	■ No	Describe	ients	
10.	. Firearn Examp ■ No	ns	shotguns, ammunition, and related equipment	
11.	□ No		nes, furs, leather coats, designer wear, shoes, accessories	
			Used Clothes at debtor's residence	\$2,000.00
12.	□ No	bles: Everyday jewe	elry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gem	
		[1	Used Jewelry at debtor's residence	\$1,600.00

Official Form 106A/B

Case 17-32156-JKS Doc 13 Filed 12/06/17 Entered 12/06/17 20:39:05 Desc Main Document Page 6 of 47 Case number (if known) 17-32156 Debtor 1 Sonia Y Scott 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ No Yes. Describe..... \$400.00 Dog 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$17,500.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes.....

17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

□ No Institution name: ■ Yes..... **Bank of America Account ending 9791**

17.1. Checking Joint onwer Esmy Sharp and Debtor \$8,252.00 Santander Bank

Accounting ending 2416 \$2,386,00 Checking 17.2.

18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

□ No Yes. Give specific information about them.....

☐ Yes.....

Name of entity: % of ownership:

Dorson Home Care, Inc. 395 Pleasant Valley Way West Orange, NJ 07052

100 % \$0.00 %

Dorson Vocational Institute, Inc. 100 % % \$0.00

Official Form 106A/B Schedule A/B: Property page 4

Case 17-32156-JKS Doc 13 Filed 12/06/17 Entered 12/06/17 20:39:05 Desc Main Page 7 of 47
Case number (if known) 17-32156 Document Debtor 1 Sonia Y Scott 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. $\hfill \square$ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured

claims or exemptions.

28. Tax refunds owed to you

■ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years......

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☐ Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

■ No

☐ Yes. Give specific information...

Case 17-32156-JKS Doc 13 Filed 12/06/17 Entered 12/06/17 20:39:05 Desc Main Page 8 of 47 Document Case number (if known) 17-32156 Debtor 1 Sonia Y Scott 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Company name: Surrender or refund Beneficiary: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$10.638.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? ☐ No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned □ No Yes. Describe..... \$0.00 **Dorson Home Care**

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☐ No

Yes. Describe.....

Dorson Home Care

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

■ No

☐ Yes. Describe.....

page 6

\$0.00

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Debt	or 1	Sonia Y Scott		. ago o oi -	Case number (if known)	17-32156
41 lr	nvento	arv				
	No	.,				
		Describe				
42 lr	nteresi	ts in partnerships or joint ventures				
	No	to in partitorolingo or joint voittaroc				
		Give specific information about them				
		Name of entity:			% of ownership:	
43. C	uston	ner lists, mailing lists, or other compila	tions			
	No.					
	Do you	ır lists include personally identifiable inform	ation (as defined in 11 U.	S.C. § 101(41A))?		
		No				
		☐ Yes. Describe				
44. A	ny bu	siness-related property you did not alr	eady list			
	No					
	Yes.	Give specific information				
					i	
45.	Add tl	he dollar value of all of your entries fro	m Part 5, including a	ny entries for pag	es you have attached	¢0.00
	for Pa	rt 5. Write that number here				\$0.00
Part (scribe Any Farm- and Commercial Fishing-R ou own or have an interest in farmland, list it in		n or Have an Interes	et In.	
	,					
46. D	o you	own or have any legal or equitable into	erest in any farm- or o	ommercial fishin	g-related property?	
ı	No.	Go to Part 7.				
[☐ Yes.	Go to line 47.				
Part 7	7:	Describe All Property You Own or Have an	Interest in That You Did	Not List Above		
		have other property of any kind you dies: Season tickets, country club member				
_	No	ves. Season tickets, country club member	Silip			
		Give specific information				
54.	Add tl	he dollar value of all of your entries fro	m Part 7. Write that n	umber here		\$0.00
						· -
Part 8	B:	List the Totals of Each Part of this Form				
55.	Part 1	: Total real estate, line 2				\$2,049,936.00
56.	Part 2	: Total vehicles, line 5		\$0.00		
57.	Part 3	: Total personal and household items,	line 15	\$17,500.00		
58.	Part 4	: Total financial assets, line 36		\$10,638.00		
59.	Part 5	: Total business-related property, line	45	\$0.00		
60.	Part 6	: Total farm- and fishing-related prope	rty, line 52	\$0.00		
61.	Part 7	: Total other property not listed, line 54	+	\$0.00		
62	Total	norsonal property. Add lines 56 through	61	¢20 420 00	Convincence areaset : 1	otol 600 430 00
62.	ıotai	personal property. Add lines 56 through		\$28,138.00	Copy personal property to	otal \$28,138.00
63.	Total	of all property on Schedule A/B. Add lir	ne 55 + line 62			\$2.078.074.00

Official Form 106A/B Schedule A/B: Property page 7

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Fill in this info	rmation to identify your	case:		
Debtor 1	Sonia Y Scott			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		DISTRICT OF NEW JERS	SEY	
Case number	17-32156			
(if known)				Check if this is ar amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	☐ You are claiming state and federal nonbar	nkruptcy exemptions.	11 U.S	S.C. § 522(b)(3)					
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)							
2.	For any property you list on Schedule A/B	For any property you list on <i>Schedule A/B</i> that you claim as exempt, fill in the information below.							
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption				
		Copy the value from Schedule A/B	Check only one box for each exemption.						
	Used Household Goods and	\$12,000.00		\$12,000.00	11 U.S.C. § 522(d)(3)				
	Furnishing at debtor's residence Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit					
	Used Electronics at debtor's residence	\$1,500.00		\$1,500.00	11 U.S.C. § 522(d)(3)				
	Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit					
	Used Clothes at debtor's residence Line from Schedule A/B: 11.1	\$2,000.00		\$225.00	11 U.S.C. § 522(d)(3)				
	Line Irom Scriedule Arb. 11.1			100% of fair market value, up to any applicable statutory limit					
	Used Jewelry at debtor's residence Line from Schedule A/B: 12.1	\$1,600.00		\$1,600.00	11 U.S.C. § 522(d)(4)				
	Line Irom Scriedule Arb. 12.1			100% of fair market value, up to any applicable statutory limit					
	Dog Line from Schedule A/B: 13.1	\$400.00		\$400.00	11 U.S.C. § 522(d)(3)				
	LINE HOITI SCHEUUIE AVD. 13.1			100% of fair market value, up to any applicable statutory limit					

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Sonia Y Scott Page 11 of 47

Case number (if known) 17-32156

Debio	J Soma i Scott			Case number (ii known)	17-32130
	rief description of the property and line on chedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B Amount of the exemption you claim Check only one box for each exemption		ount of the exemption you claim	Specific laws that allow exemption
				ck only one box for each exemption.	
С	hecking: Bank of America	\$8,252.00		\$8,252.00	11 U.S.C. § 522(d)(5)
Α	ccount ending 9791			100% of fair market value, up to any applicable statutory limit	
	oint onwer Esmy Sharp and Debtor ne from <i>Schedule A/B</i> : 17.1			,	
	hecking: Santander Bank ccounting ending 2416	\$2,386.00		\$2,386.00	11 U.S.C. § 522(d)(5)
	ne from <i>Schedule A/B</i> : 17.2			100% of fair market value, up to any applicable statutory limit	
	re you claiming a homestead exemption Subject to adjustment on 4/01/19 and every No			ed on or after the date of adjustmer	nt.)
	Yes. Did you acquire the property cover	ed by the exemption wi	thin 1,	215 days before you filed this case	?
	□ No				
	☐ Yes				

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	Document F	Page 12 of 47		
Fill in this information to identify ye	our case:			
Debtor 1 Sonia Y Scott				
First Name	Middle Name L	ast Name	_	
Debtor 2			_	
(Spouse if, filing) First Name	Middle Name L	Last Name		
United States Bankruptcy Court for th	e: DISTRICT OF NEW JERSEY			
			_	
Case number (if known) 17-32156			Charle	if their in an
(ii kilowii)				if this is an led filing
			amend	dea ming
Official Form 106D				
	e Who Have Claims S	ocured by Proper	.+	40/45
Schedule D. Creditor	s Who Have Claims Se	acured by Proper	ιy	12/15
	e. If two married people are filing together,			
is needed, copy the Additional Page, fill in number (if known).	it out, number the entries, and attach it to t	his form. On the top of any additi	ional pages, write your na	me and case
1. Do any creditors have claims secured	by your property?			
	t this form to the court with your other sc	hadulas Vou hava nothing also	e to report on this form	
_	·	riedules. Tou have nothing else	s to report on this form.	
Yes. Fill in all of the information	n below.			
Part 1: List All Secured Claims				
	s more than one secured claim, list the creditor		Column B	Column C
	as a particular claim, list the other creditors in etical order according to the creditor's name.	Part 2. As Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
	citical order according to the creator's name.	value of collateral.		If any
2.1 Carrington Mortgage	Describe the property that secures the	claim: \$189,229.00	\$126,763.00	\$62,466.00
Creditor's Name	35 Bedford Street			
	East Orange, NJ			
B O Boy 70004	As of the date you file, the claim is: Che	eck all that		
P.O. Box 79001 Phoenix, AZ 85062	apply.			
Number, Street, City, State & Zip Code	Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	☐ An agreement you made (such as more	rtgage or secured		
Debtor 2 only	car loan)	3.0.		
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mecha	unic's lien)		
☐ At least one of the debtors and another	` ` `			
☐ Check if this claim relates to a	☐ Other (including a right to offset)			
community debt				
Date debt was incurred 09/2006	Last 4 digits of account number	8212		
03/2000		<u> </u>		
2.2 Hogan Lovells US LLP	Describe the property that secures the	claim: \$860,000.00	\$1,200,000.00	\$0.00
Creditor's Name	143 West 136th Street New Yo		_ Ψ1,200,000.00	φυ.υυ
	10001 New York County	IN, IN I		
	_			
875 Third Avenue	As of the date you file, the claim is: Che apply.	ock all that		
New York, NY 10022	Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	☐ An agreement you made (such as mo	rtgage or secured		
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mecha	ınic's lien)		
At least one of the debtors and another	Judgment lien from a lawsuit			
Check if this claim relates to a	Other (including a right to offset)			
community debt				
Date debt was incurred	Last 4 digits of account number	2016		

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Debtor 1 Sonia Y Scott		Case number (if know) 17-32156			
First Name Middle N	lame Last Name				
2.3 Stephen J. Lapp, Esq.	Describe the property that secures the claim:	\$0.00	\$1,200,000.00	\$0.00	
Creditor's Name Woods Oviatt Gilman, LLP	143 West 136th Street New York, NY 10001 New York County				
700 Crossroads Building 2 State Street	As of the date you file, the claim is: Check all that apply.				
Rochester, NY 14614	Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as mortgage or se car loan)	cured			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)				
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	Other (including a right to offset)				
Date debt was incurred	Last 4 digits of account number				
Add the dollar value of your entries in C	Column A on this page. Write that number here:	\$1,049,229	.00		
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$1,049,229	.00		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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Debtor 1 Sonia Y Scott Frat Name		5436 17 62166 6NG - B6	Document Page	ne 14 of	47	_	o mani
Debtor 2 Season 6, Hingy First Name Middle Name Last Name	Fill	I in this information to identify your case:					
Debtor 2 Season 6, Hingy First Name Middle Name Last Name	De	ebtor 1 Sonia Y Scott				1	
United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY Check if this is an amended filing Check if this is an amended filing is an amended filing in the check of the check if this is an amended filing in the check of the check if this is an amended filing in the check of this is an amended filing in the check of the check if this is an amended filing in the check of this is an amended filing in this is an amended filing in this is an amen			Middle Name Last N	lame			
United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY Case number 17-32156 Check if this is an armended filing Difficial Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Part 1 for creditors with PRICRTY claims and Part 2 for creditors with NOIPPIORITY claims. List the other party to check librory contracts and unexpired teases (Official form 1660). Do not include any creditors with partially secured continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your ame and case number (if known). Part II and of your priority unsecured claims against you? No. Go to Part 2. Vea. List all of your priority unsecured daims. If a creditor has mose than one priority unsecured claims and pasts the relation in a part and pasts which priority amounts. As much as possable, list the claims in abhabetical order decording to the creditor's reme. If you have no bear here priority unsecured claims. If a creditor is passable, list the claims is for a community debt is the claim is for a community debt is the claim is for a community debt is the claim is for a community debt is the least one of the debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only No priority Priority Priority Priority Unsecured claims against you? No priority P			Middle Name Last N	lamo			
Case number 17-32156 Check if this is an amended filling	(Spt	· · ·		varrie			
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 It is as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to rescuroty contracts or unexpired leases that could result in a claim. Also list seaccury contracts on Schedule AB: Property (Official Form 10649) and on chedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, multiple earlies have been added as number of Known). 2011 1: List All of Your PRIORITY Unsecured claims against you? No. Go to Part 2.	Un	ited States Bankruptcy Court for the: DIS	TRICT OF NEW JERSEY				
Difficial Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15	Ca	se number 17-32156					
Difficial Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15	(if kı	nown)				☐ Check	if this is an
Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PROIRTY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to receive the contracts or unexplored leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 1605.) be not include any creditors with partially secured claims that are laked in the claim of the contract of the party in the party in the party in the claim subject to offset? No. You have nothing to reach claims in the alphabetical order of the creditor who holds each claim. It a creditor spatially in the controlling in the controlling which your controlling in the claim in the party in the creditor sparately for each claim. For each claim listed, identify what type of claim is. It a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. In the creditor separately for each claim. For each claim listed, identify what type of claim is. It a claim has both priority and nonpriority amounts. In the creditor is the creditor sparately for each claim. For each claim listed, identify what type of claim is. It a claim has both priority and nonpriority amounts. In the creditor is the creditor in the creditor is the creditor has more than one priority unsecured claims. Set the other creditors in Part 3. For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) In the claim is claim in the creditor is the creditor in the count in the coun						amend	led filing
Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PROIRTY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to receive the contracts or unexplored leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 1605.) be not include any creditors with partially secured claims that are laked in the claim of the contract of the party in the party in the party in the claim subject to offset? No. You have nothing to reach claims in the alphabetical order of the creditor who holds each claim. It a creditor spatially in the controlling in the controlling which your controlling in the claim in the party in the creditor sparately for each claim. For each claim listed, identify what type of claim is. It a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. In the creditor separately for each claim. For each claim listed, identify what type of claim is. It a claim has both priority and nonpriority amounts. In the creditor is the creditor sparately for each claim. For each claim listed, identify what type of claim is. It a claim has both priority and nonpriority amounts. In the creditor is the creditor in the creditor is the creditor has more than one priority unsecured claims. Set the other creditors in Part 3. For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) In the claim is claim in the creditor is the creditor in the count in the coun)f	ficial Form 106F/F					
The secondary contracts as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to my executory contracts or unexplined leases that could result in a claim. Also list executory contracts on Schedule AIB: Property (Official Form 1096). Do not include any creditors with party (Official Form 1096) and on chedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Party ou need, fill 1 out, on the top of any additional pages, write your ame and case number (If known). 278**13**1** List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claims, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority and no			Have Unsecured Clai	ms			12/15
chedule 0: Executory Contracts and Unexpired Leases (Official Form 1966). Do not include any creditors with year Calains Secured by Property. If more space is needed, copy the Party you need, fill it out, number the entries in the boxe on the fit. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your ame and case number (if known). It is a part of the page of th					or creditors with NON	IPRIORITY claims. Li	
1. Do any creditors have priority unsecured claims against you?	Scho Scho eft. nam	edule G: Executory Contracts and Unexpired Ledule D: Creditors Who Have Claims Secured by Attach the Continuation Page to this page. If you and case number (if known).	eases (Official Form 106G). Do not in y Property. If more space is needed ou have no information to report in a	nclude any cre , copy the Par	editors with partially s t you need, fill it out,	secured claims that a number the entries in	are listed in n the boxes on the
□ No. Go to Part 2. □ Yes. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor has a more than one priority and nonpriority amounts. As much as possible, list the claim is list the other creditor same. If you have nothing to report in this part. Submit this form in the instruction booklet.) IRS Last 4 digits of account number Priority Creditor's Name Ernest Som, Revenue Officer 200 Sheffield Street Mountainside, NJ 07092 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 3 and Debtor 2 only □ Debtor 4 and Debtor 2 only □ Debtor 4 and Debtor 3 and Debtor 2 only □ Nomestic support obligations □ Check if this claim is for a community debt is the claim subject to offset? □ No □ Yes □ No □ Other. Specify □ At I rust Fund Taxes owed Federal Tax Lien 37059 and BK0207PG0374 ■ No You have nothing to report in this part. Submit this form to the court with your other schedules. ■ Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, is the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If nore							
2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts. list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor has more than one priority unsecured claim, set the instructions for this form in the instruction booklet.) Total claim Priority Nonpriority Nonp	١.	_ ' ' '	ns against you?				
2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the craditor separately for each claim. For each claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claim is in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) [For an explanation of each type of claim, see the instructions for this form in the instruction booklet.] [For an explanation of each type of claim, see the instructions for this form in the instruction booklet.] [For an explanation of each type of claim, see the instructions for this form in the instruction booklet.] [For an explanation of each type of claim, see the instructions for this form in the instruction booklet.] [For an explanation of each type of claim, see the instructions for this form in the instruction booklet.] [For an explanation of each type of claim, see the instructions for this form in the instruction booklet.] [For an explanation of each type of claim, see the instructions for this form in the instruction booklet.] [For an explanation of each type of claim is 18 account number of the continuation Page of Priority amount and another of the debt of the claim is 18 account number of							
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IRS Priority Creditor's Name Ernest Som, Revenue Officer 200 Sheffield Street Mountainside, NJ 07092 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 and another Check if this claim is for a community debt is the claim subject to offset? No Total claim Priority Monopriority amount \$362,189.00 \$0.0					o priority unscoured of	airio, iii out tric cortai	idation rage of
RS		(For an explanation of each type of claim, see the	instructions for this form in the instruc	tion booklet.)	Total claim	Priority	Nonpriority
IRS					Total olalli		
Priority Creditor's Name Ernest Som, Revenue Officer 200 Sheffield Street Mountainside, NJ 07092 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 4 and Debtor 3 only Debtor 5 only Debtor 6 one or the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes Taxes and certain other debts you owe the government Is the claim subject to offset? As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Debtor 1 only Debtor 1 only Debtor 2 only Taxes and certain other debts you owe the government Taxes and certain other debts you owe the government Taxes and certain other debts you owe the government Taxes and certain other debts you owe the government Taxes and certain other debts you owe the government Taxes and certain other debts you owe the government Taxes and certain other debts you owe the government Taxes and certain other debts you owe the government Taxes and certain other debts you owe the government Taxes and certain other debts you owe the government Taxes and ce	0.4	IDS	Lord A. P. Mariellander			# 000 400 00	90.00
Ernest Som, Revenue Officer 200 Sheffield Street Mountainside, NJ 07092 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 6 this claim is for a community debt Is the claim subject to offset? No Yes As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Taxes and certain other debts you owe the government Is the claim subject to offset? No Other. Specify 941 Trust Fund Taxes owed Federal Tax Lien 37059 and BK0207PG0374 Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claims. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more	2.1		Last 4 digits of account numi	oer		- #302,109.00	
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: Taxes and certain other debts you owe the government Is the claim subject to offset? Debtor 3 only Yes Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Tax Eist All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claims. For each claim listed, identify what type of claim it is. Do not list claims afready included in Part 1. If more		Ernest Som, Revenue Officer	When was the debt incurred?				
Who incurred the debt? Check one. Contingent Debtor 1 only Debtor 2 only Debtor 1 and Debtor 3 only Type of PRIORITY unsecured claim: At least one of the debtors and another Domestic support obligations Taxes and certain other debts you owe the government Is the claim subject to offset? Claims for death or personal injury while you were intoxicated No Other. Specify Pert 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more		Mountainside, NJ 07092		010/20		-	
Debtor 1 only Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: At least one of the debtors and another Debtor 1 full claim is for a community debt Is the claim subject to offset? No Yes Part 2: List All of Your NONPRIORITY Unsecured Claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. Contingent Unliquidated Disputed Type of PRIORITY unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claims already included in Part 1. If more		·	As of the date you file, the cla	aim is: Check a	all that apply		
Debtor 2 only Disputed Type of PRIORITY unsecured claim: At least one of the debtors and another Domestic support obligations Taxes and certain other debts you owe the government Is the claim subject to offset? No Yes Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more		_	Contingent				
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□ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated □ No □ Yes □ 941 Trust Fund Taxes owed Federal Tax Lien 37059 and BK0207PG0374 Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? □ No. You have nothing to report in this part. Submit this form to the court with your other schedules. □ Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more		☐ Debtor 2 only	☐ Disputed				
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No Other. Specify 941 Trust Fund Taxes owed Federal Tax Lien 37059 and BK0207PG0374 Part 2: List All of Your NONPRIORITY Unsecured Claims		☐ Check if this claim is for a community de	bt Taxes and certain other deb	ots you owe the	government		
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Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? \[\subseteq \text{No. You have nothing to report in this part. Submit this form to the court with your other schedules. \[\subseteq \text{Yes.} \] 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more		Yes	· · · · · · · · · · · · · · · · · · ·	st Fund Tax	xes owed		
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than one creditor holds a particular claim, list the other creditors in Part 3.lf you have more than three nonpriority unsecured claims fill out the Continuation Page of	4.	unsecured claim, list the creditor separately for ea	ach claim. For each claim listed, identif	y what type of o	claim it is. Do not list cl	aims already included	in Part 1. If more

Total claim

Part 2.

Entered 12/06/17 20:39:05 Case 17-32156-JKS Doc 13 Filed 12/06/17 Desc Main Document Page 15 of 47 Debtor 1 Sonia Y Scott Case number (if know) 17-32156 4.1 **Financial Solutions of America, LLC** Last 4 digits of account number 6009 \$98,774.33 Nonpriority Creditor's Name 80 S.W. 8th Street When was the debt incurred? Miami, FL 33130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Contract Other. Specify ☐ Yes Judgment No. J23315-10 4.2 **Granite State Insurance** Last 4 digits of account number 1211 \$11,552.90 Nonpriority Creditor's Name American International Group, Inc. When was the debt incurred? 07/07/2010 175 Water Street 18th Floor New York, NY 10038 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No Granite State Insurance v. Sonia Y. Scott. ESX-L-266-09 ■ Other. Specify Judgment 171121-10 ☐ Yes Last 4 digits of account number 4.3 Navient 7814 \$5,209.00 Nonpriority Creditor's Name P.O. Box 9655 When was the debt incurred? 10/2006 Wilkes Barre, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only

■ Unliquidated Debtor 2 only Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ☐ Other. Specify Co signed a student loan

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Debtor 1 Sonia Y Scott Case number (if know) 17-32156 THD/CBNA 4.4 Last 4 digits of account number 3983 \$8,086.00 Nonpriority Creditor's Name P.O Box 6497 When was the debt incurred? Sioux Falls, SD 57117 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed

Type of NONPRIORITY unsecured claim:

 \square Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Credit Card purchases Home Depot

☐ Student loans

report as priority claims

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

☐ At least one of the debtors and another

Is the claim subject to offset?

■ No

☐ Yes

☐ Check if this claim is for a community

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 362,189.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 362,189.00
				Total Claim
	6f.	Student loans	6f.	\$ 5,209.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 118,413.23
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 123,622.23

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		DOGMINA	1 (100): 17 (7) 47	
Fill in this info	rmation to identify your	case:		
Debtor 1	Sonia Y Scott			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	DISTRICT OF NEW JERSEY		_
Case number	17-32156			
(if known)				☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the r, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>
2.3	O.I.J		<u> </u>	2 0000	
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.4					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>

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		Docume	ent Page 18 o	ıf 47	
Fill in this	information to identify your	case:			
Debtor 1	Sonia Y Scott				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	ng) First Name	Middle Name	Last Name		
United Sta	tes Bankruptcy Court for the:	DISTRICT OF NEW JE	KSEY		
Case num	ber 17-32156				
(if known)					Check if this is an
					amended filing
Officia	l Form 106H				
	lule H: Your Cod	ehtors			12/15
Julieu	idie II. Todi ood	CDIOIS			12/13
our name	nd number the entries in the and case number (if known) you have any codebtors? (if). Answer every question	n.	o this page. On the top of any as a codebtor.	Additional Pages, write
■ Na					
■ No □ Yes	•				
	hin the last 8 years, have you a, California, Idaho, Louisiana			y? (Community property states a ington, and Wisconsin.)	and territories include
	Go to line 3.				
☐ Yes	s. Did your spouse, former spo	use, or legal equivalent liv	e with you at the time?		
in line Form out Co	2 again as a codebtor only	if that person is a guarar	ntor or cosigner. Make s	if your spouse is filing with your spouse is filing with your sure you have listed the credit 6G). Use Schedule D, Schedul	or on Schedule D (Official le E/F, or Schedule G to fill
1	Name, Number, Street, City, State and Z	IP Code		Check all schedules that ap	
3.1				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
-	Number Street			_	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	
	Name				
				☐ Schedule G, line	
-	Number Street			_	
	City	State	ZIP Code		

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Fill	in this information to identify your c	ase:									
Del	otor 1 Sonia Y Sco	ott									
	otor 2 use, if filing)					_					
Uni	ted States Bankruptcy Court for the	e: DISTRICT OF NEW J	IERSEY								
Cas	se number 17-32156						Chec	k if this is	:		
(If kr	nown)		-				ΠА	n amend	ed filing		
										ng postpetition ollowing date:	
0	fficial Form 106l						M	IM / DD/ `	YYYY		
S	chedule I: Your Inc	ome									12/15
sup spo atta	as complete and accurate as posplying correct information. If you use. If you are separated and you che a separate sheet to this form. Describe Employment	are married and not fili or spouse is not filing w	ng jointly, a ith you, do	and your spo not include	ouse i	s liv natio	ing with on about	you, incl your sp	lude inforr ouse. If m	mation about ore space is	your needed,
1.	Fill in your employment information.		Debtor 1				Debtor	2 or non-fi	iling spouse		
	If you have more than one job,	Employment status	■ Emplo	oyed				☐ Empl	oyed		
	attach a separate page with information about additional employers.	Employment status	☐ Not e					□ Not e	employed		
		Occupation	Administrator								
	Include part-time, seasonal, or self-employed work.	Employer's name	Dorson	Dorson Home Care, Inc.							
	Occupation may include student or homemaker, if it applies.	Employer's address		asant Valle range, NJ (
		How long employed t	here?	1998				_			
Par	t 2: Give Details About Mo	nthly Income									
spou If yo	mate monthly income as of the duse unless you are separated. u or your non-filing spouse have me space, attach a separate sheet to	ore than one employer, co	•				oyers for	that perso	on on the li	ines below. If	J
							For Dek	otor 1		btor 2 or ing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,				2.	\$	4	,333.33	\$	N/A	
3.	Estimate and list monthly over	time pay.			3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add li	ne 2 + line 3.			4.	\$	4,33	33.33	\$	N/A	

Debt	tor 1	Sonia Y Scott	_	(Case number (if known	7) -	17-32	156			
					For Debtor 1			Debtor :			
	Сор	y line 4 here	4.		\$ 4,333.3	3	\$		N/	A	
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	۱.	\$ 822.2	9	\$		N/	A	
	5b.	Mandatory contributions for retirement plans	5b	١.	\$ 0.0	0	\$		N/	A	
	5c.	Voluntary contributions for retirement plans	5c.		\$ 0.0	_	\$		N/		
	5d.	Required repayments of retirement fund loans	5d		\$ 0.0		\$		N/		
	5e. 5f.	Insurance Domestic support obligations	5e 5f.		\$ 0.00 \$ 0.00	_	\$		N/		
	5g.	Union dues	5g		\$ 0.00 \$ 0.00	_	\$—		N/		
	5h.	Other deductions. Specify: Dental Generic	_	,. 1.+	\$ 52.4				N/		
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.		\$ 874.7	_	\$		N/		
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ 3,458.6		\$		N/		
8.		all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								_	
		monthly net income.	8a		\$ 9,364.5		\$		N/		
	8b.	Interest and dividends	8b	١.	\$0.0	0_	\$		N/	<u>A</u>	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	;.	\$ 0.0	0_	\$		N/		
	8d.	Unemployment compensation	8d	١.	\$ 0.0	0	\$		N/	A	
	8e.	Social Security	8e).	\$0.0	0_	\$		N/	<u>A</u>	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	_	\$ 0.0	0	\$		N/	Ą	
	8g.	Pension or retirement income	8g	1-	\$ 0.0	0	\$		N/	A	
	8h.	Other monthly income. Specify: Dr. Marcia Harris	8h	.+	\$ 4,000.0	_			N/		
		Business	_		\$2,000.0	0_	\$		N/	<u>A</u>	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	ş	\$15,364.5	2	\$		N	/A	
10.	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	18,823.13 +	\$		N/A	= \$	18,823.	13
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		*-	10,020.10	*-		14/7	•	10,020	-
11.	Stat Inclu	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your r friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a	depe				,	chedule 11.		0.	.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies						12.	\$	18,823.	.13
4.5			_							hly incom	ıe
13.	Do y ■ □	/ou expect an increase or decrease within the year after you file this form? No. Yes. Explain:	?								

	n this informa	tion to identify	our ecces			Ī		
		tion to identify yo						
Debt	tor 1	Sonia Y Sco	tt				k if this is: An amended filing	
Debt							A supplement show	ving postpetition chapter
` .	use, if filing)						13 expenses as of	the following date:
Unite	ed States Bankr	uptcy Court for the	: DISTRI	CT OF NEW JERSEY		_	MM / DD / YYYY	
		7-32156						
(If kn	nown)							
Of	ficial Ec	rm 106J						
			Evnor	NCOC				40/4/
		J: Your		ISCS . If two married people ar	e filina toaether. b	oth are equa	ally responsible fo	12/15 or supplying correct
info	rmation. If m		eded, atta	ch another sheet to this				
	<u> </u>	•	•					
Part 1.	Is this a joir	ibe Your House nt case?	enoia					
	■ No. Go to	line 2.						
			in a separ	ate household?				
			ot filo Offici	al Form 106J-2, <i>Expenses</i>	for Congrete House	shold of Dobt	or 2	
				ai Foitti 1065-2, Expenses	ior Separate House	eriola oi Debi	.01 2.	
2.	Do you have	e dependents?	■ No					
	Do not list Do Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.						Yes
								□ No □ Yes
								☐ Yes
								☐ Yes
								□ No
	_							☐ Yes
3.		enses include f people other t	han	No				
		d your depende		Yes				
Part		ate Your Ongoi						
exp				uptcy filing date unless y y is filed. If this is a supp				
Incl	ude expense	s naid for with	non-cash	government assistance i	t vou know			
the	value of sucl	n assistance an		cluded it on Schedule I: Y			Your expe	aneae
(Off	icial Form 10	lbl.)					Tour expe	511363
4.		or home owners and any rent for th		ses for your residence. In	nclude first mortgag	e 4. \$		1,707.65
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
	•	rty, homeowner's				4b. \$		0.00
		maintenance, re owner's associa		upkeep expenses		4c. \$ 4d. \$		200.00 0.00
5.				oominium dues our residence, such as ho	me equity loans	4u. \$ 5. \$		0.00

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	Sonia Y Scott	Jaco Hairi	ber (if known)	17-32156
ι	Itilities:			
6	a. Electricity, heat, natural gas	6a.	\$	273.63
6	b. Water, sewer, garbage collection	6b.	\$	0.00
6	c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	141.48
6	d. Other. Specify:	6d.	\$	0.00
F	ood and housekeeping supplies		\$	50.00
	Childcare and children's education costs	8.	\$	0.00
C	Clothing, laundry, and dry cleaning	9.	\$	500.00
	Personal care products and services	10.	\$	200.00
	ledical and dental expenses	11.	\$	120.00
	ransportation. Include gas, maintenance, bus or train fare.		·	120.00
	On not include car payments.	12.	\$	250.00
	intertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	200.00
	Charitable contributions and religious donations	14.	\$	200.00
. Ii	nsurance.		· -	
	o not include insurance deducted from your pay or included in lines 4 or 20.			
1	5a. Life insurance	15a.	\$	0.00
1	5b. Health insurance	15b.	\$	0.00
1	5c. Vehicle insurance	15c.	\$	127.20
1	5d. Other insurance. Specify:	15d.	\$	0.00
. т	axes. Do not include taxes deducted from your pay or included in lines 4 or 20.	_		3.00
	pecify:	16.	\$	0.00
. It	nstallment or lease payments:			
1	7a. Car payments for Vehicle 1	17a.	\$	0.00
1	7b. Car payments for Vehicle 2	17b.	\$	0.00
1	7c. Other. Specify:	17c.	\$	0.00
1	7d. Other. Specify:	17d.	\$	0.00
. Y	our payments of alimony, maintenance, and support that you did not report as			
	educted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	·	3,885.00
	Other payments you make to support others who do not live with you.		\$	0.00
	pecify:	19.		
	Other real property expenses not included in lines 4 or 5 of this form or on Sched			
	0a. Mortgages on other property	20a.	· -	1,490.58
	0b. Real estate taxes	20b.	·	0.00
	0c. Property, homeowner's, or renter's insurance	20c.	·	0.00
2	0d. Maintenance, repair, and upkeep expenses	20d.	·	2,500.00
2	0e. Homeowner's association or condominium dues	20e.	\$	0.00
. (Other: Specify: Santander Paper statement	21.	+\$	3.00
F	Petsmart		+\$	37.00
E	Bank fees		+\$	125.00
	experian	_	+\$	14.95
	Skype	_	+\$	13.99
		_		. 5.00
	Calculate your monthly expenses			
	2a. Add lines 4 through 21.		\$	12,039.48
2	2b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
2	2c. Add line 22a and 22b. The result is your monthly expenses.		\$	12,039.48
,	Calculate your monthly not income			· · · · · · · · · · · · · · · · · · ·
	Calculate your monthly net income.	00-	¢	40 000 40
	3a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	*	18,823.13
2	3b. Copy your monthly expenses from line 22c above.	23b.	- Ф	12,039.48
7	3c. Subtract your monthly expenses from your monthly income.			
	The result is your <i>monthly net income</i> .	23c.	\$	6,783.65
	The teach to your monary not moonto.		L	·
			form?	
. C	to you expect an increase or decrease in your expenses within the year after you	i file this	1011111	
F	or example, do you expect to finish paying for your car loan within the year or do you expect your m			ease or decrease because
n	or example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage?			ease or decrease because
F n	or example, do you expect to finish paying for your car loan within the year or do you expect your m			ease or decrease because

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Fill in this informa	ation to identify your	case:				
Debtor 1	Sonia Y Scott					
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bank	kruptcy Court for the:	DISTRICT OF NEW JERSEY				
	7-32156				_ 0	
(if known)					Check if this is an amended filing	
Official Form	106Dec					
Declarati	on About a	ın Individual De	btor's Schedu	ıles	12/15	
f two married peo	ple are filing togethe	r, both are equally responsible	for supplying correct inforr	mation.		
obtaining money o					ement, concealing property, or 00, or imprisonment for up to 20	
Sign	Below					
Did you pay	or agree to pay some	one who is NOT an attorney to	help you fill out bankruptc	y forms?		
■ No						
☐ Yes. Na	ame of person				kruptcy Petition Preparer's Notice, n, and Signature (Official Form 119)	
	y of perjury, I declare true and correct.	that I have read the summary a	nd schedules filed with this	s declaration	on and	

X /s/ Sonia Y Scott Sonia Y Scott

Signature of Debtor 1

Date December 6, 2017

Signature of Debtor 2

Date

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Fill	in this inform	ation to identify you	r case:			
De	btor 1	Sonia Y Scott First Name	Middle Name	Last Name		
	btor 2 buse if, filing)	First Name	Middle Name	Last Name		
Uni	ited States Ban	kruptcy Court for the:	DISTRICT OF NEW JERS	SEY		
Ca	se number 1	7-32156				
(if kı	nown)				_	check if this is an mended filing
<u> </u>	··· · · · · · · · · · · · · · · · · ·	407				
	ficial For		Affairs for Individ	luals Filing for B	ankruntev	4/16
info	rmation. If mo	ore space is needed,	attach a separate sheet to		equally responsible for sup additional pages, write you	
nun	nber (if known). Answer every que	stion.			
Pai	rt 1: Give De	etails About Your Ma	arital Status and Where You	Lived Before		
1.	What is your	current marital statu	ıs?			
	MarriedNot marr	ied				
2.			lived anywhere other than	where you live now?		
۷.	_	st 5 years, nave you	iived anywhere other than	where you live now:		
	■ No □ Yes. List	all of the places you I	ived in the last 3 years. Do no	ot include where you live now	<i>'</i> .	
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3.					ity property state or territory	
stat	es and territorie	es include Arizona, Ca	ilifornia, Idaho, Louisiana, Ne	vada, New Mexico, Puerto Ri	co, Texas, Washington and W	/isconsin.)
	■ No	and the second s	hadula III Varus Oadabtasa (Ot	finial Farm 40CLIV		
	☐ Yes. Mal	ke sure you fill out Sci	hedule H: Your Codebtors (Of	ficial Form 106H).		
Pai	t 2 Explain	the Sources of You	r Income			
4.	Fill in the total	amount of income yo	nployment or from operating ureceived from all jobs and a have income that you received	all businesses, including part-		ndar years?
	□ No					
	_	in the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
	r last calendar nuary 1 to Dec	year: cember 31, 2016)	■ Wages, commissions, bonuses, tips	\$54,000.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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		Document	Faue 23 01 41	
Debtor 1	Sonia Y Scott		Case number (if known)	17-32150

				Debtor 1			Debtor 2		
				Sources of income Check all that apply.	Gross incom (before deduc exclusions)		Sources of inc Check all that a		Gross income (before deductions and exclusions)
		dar year be December		■ Wages, commissions, bonuses, tips	\$4	4,853.00	☐ Wages, com bonuses, tips	missions,	
				Operating a business			☐ Operating a	business	
5.	Include in	come regard public bene	lless of wheth fit payments;	e during this year or the two er that income is taxable. Exa pensions; rental income; inter e and you have income that y	emples of <i>other ir</i> rest; dividends; m	ncome are a noney collec	alimony; child supported from lawsuits;	royalties; and	ecurity, unemployment, d gambling and lottery
	List each	source and t	the gross inco	me from each source separa	tely. Do not includ	de income t	that you listed in lin	e 4.	
	■ No □ Yes.	Fill in the de	etails.						
				Debtor 1			Debtor 2		
				Sources of income Describe below.	Gross income each source (before deduce exclusions)		Sources of inc. Describe below.		Gross income (before deductions and exclusions)
	rt 3: Lis			Made Before You Filed for	_				
	■ Yes.	No. Yes * Subject	Go to line 7 List below e paid that cronot include to adjustment or Debtor 2 o 90 days befor Go to line 7 List below e include pay	each creditor to whom you pai editor. Do not include paymer payments to an attorney for the on 4/01/19 and every 3 years r both have primarily consure you filed for bankruptcy, di	d a total of \$6,42 ats for domestic s his bankruptcy cas after that for castimer debts. d you pay any cred	5* or more upport obliquese. ses filed on editor a total or more an	in one or more pay gations, such as che or after the date of all of \$600 or more?	ments and the support and the support and fadjustment when the support and the	nd alimony. Alsó, do : : creditor. Do not
	Creditor	s Name and	d Address	Dates of payme	ent Total	amount paid	Amount you still owe	Was this p	payment for
7.	Insiders in of which y a business alimony.	iclude your r ou are an of s you operat	elatives; any ficer, director	bankruptcy, did you make a general partners; relatives of person in control, or owner coprietor. 11 U.S.C. § 101. Inconsider.	any general partr of 20% or more of	ners; partner their voting	erships of which you g securities; and ar	u are a gene ny managing	ral partner; corporations agent, including one for
		. ,			nt Tatal	omount	Amountwee	Doncer fo	r this novement
	msider's	Name and	Address	Dates of payme	int Iotal	amount paid	Amount you still owe	reason 10	r this payment

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Case number (if known) 17-32156 Debtor 1 Sonia Y Scott

8.	Within 1 year before you filed for bankrup insider? Include payments on debts guaranteed or co ■ No □ Yes. List all payments to an insider		ments or transfer a	ny property on	account of a	debt that benefited an
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe		or this payment
Pa	rt 4: Identify Legal Actions, Repossession	ons, and Foreclosures	paid	Still Owe	molade ch	euitoi s name
9.	Within 1 year before you filed for bankrup List all such matters, including personal injury modifications, and contract disputes.					
	□ No					
	Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of	the case
	IRS vs. Sonia Y Scott Docket 37059	Tax Lien			■ Pendir □ On ap □ Conclu	peal
	IRS vs. Sonia Y Scott BK0207PG0374	Tax Lien			■ Pendii □ On ap □ Concli	peal
	Financial Solutions of America, LLC vs. Sonia Y. Scott UNN-L-004260-09	Contract	Superior Court Jersey 2 Broad Street Elizabeth, NJ 0		☐ Pendii ☐ On ap ☐ Conclu	peal
					Judgme	nt entered
	Granite State Insurance Co. vs. Sonia Y. Scott ESX-L-266-09	Contract	Superior Court Jersey 50 Market Stree Newark, NJ 071	et	☐ Pendii ☐ On ap ☐ Conclu	peal
			·		Judgme	nt
	Wells Fargo Bank vs. Sonia Scott Index 850211/2016	Foreclosure	Supreme Court 60 Centre Stree New York, NY 1	et	■ Pendii □ On ap □ Conclu	peal
10.	Within 1 year before you filed for bankrup Check all that apply and fill in the details belo		erty repossessed, fo	oreclosed, garn	ished, attach	ed, seized, or levied?
	■ No. Go to line 11. □ Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property		Date	9	Value of the
		Explain what happened	I			property

Case 17-32156-JKS Doc 13 Filed 12/06/17 Entered 12/06/17 20:39:05 Desc Main Page 27 of 47 Document Case number (if known) 17-32156 Debtor 1 Sonia Y Scott 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? ☐ Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? Nο Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of

Official Form 107

2nd Floor

Address

Email or website address

Tomas Espinosa, Esq.

North Bergen, NJ 07047 te@lawespinosa.com

8324 Kennedy Blvd.

transferred

Attorney Fees

payment

\$3,835.00

Person Who Made the Payment, if Not You

or transfer was

10/31/2017

made

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Address Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of whoeneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. Name of trust Description and value of the property transferred Dama Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your be sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unit houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Pescribe the contents In the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	acting on your behalf pay or transfer any property to anyone who o your creditors?
18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other that transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your propincioude gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. Person Who Received Transfer Address Person's relationship to you Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of when beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. Name of trust Description and value of property transferred Data maddress List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your be sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unik houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) No States and ZIP Code) No States and ZIP Code) No States and ZIP Code)	or transfer was payment
Address Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of whoeneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. Name of trust Description and value of the property transferred Dama Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your be sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unit houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Pescribe the contents In the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	otherwise transfer any property to anyone, other than property s?
beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. Name of trust Description and value of the property transferred Date max Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your be sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unich houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP account number instrument closed, sold, moved, or transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)	payments received or debts made
Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your be sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unic houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Last 4 digits of account or instrument closed, sold, moved, or transferred Type of account or instrument closed, sold, moved, or transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details.	property to a self-settled trust or similar device of which you are a
20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your be sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unic houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP account number account number account number account number account number account number. 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	ue of the property transferred Date Transfer was made
sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unic houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP account number account number closed, sold, moved, or transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	oxes, and Storage Units
Address (Number, Street, City, State and ZIP account number instrument closed, sold, moved, or transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	s; certificates of deposit; shares in banks, credit unions, brokerage
No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Describe the contents If the details it? Address (Number, Street, City, State and ZIP Code)	nstrument closed, sold, before closing or moved, or transfer
Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) Page 1 Describe the contents In Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)	ankruptcy, any safe deposit box or other depository for securities,
Address (Number, Street, City, State and ZIP Code)	ss to it? Describe the contents Do you still
■ No □ Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City,	
Address (Number, Street, City, State and ZIP Code) to it? Address (Number, Street, City,	ome within 1 year before you filed for bankruptcy?
State and ZIP Code)	have it?

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Debtor 1 Sonia Y Scott

Pa	rt 9: Identify Property You Hold or Control for S	omeone Else		
23.	Do you hold or control any property that someon for someone.	ne else owns? Include any prope	rty you borrowed from, ar	e storing for, or hold in trust
	■ No			
	Yes. Fill in the details.			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Pai	rt 10: Give Details About Environmental Informat	tion		
For	the purpose of Part 10, the following definitions a	pply:		
-	Environmental law means any federal, state, or letoxic substances, wastes, or material into the air regulations controlling the cleanup of these substances.	, land, soil, surface water, groun	<u> </u>	
	Site means any location, facility, or property as of to own, operate, or utilize it, including disposal s	-	law, whether you now ow	n, operate, or utilize it or used
	Hazardous material means anything an environm hazardous material, pollutant, contaminant, or si		s waste, hazardous subst	ance, toxic substance,
Rep	oort all notices, releases, and proceedings that you	u know about, regardless of whe	n they occurred.	
24.	Has any governmental unit notified you that you	may be liable or potentially liable	e under or in violation of a	an environmental law?
	No			
	Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State ar ZIP Code)	Environmental law, know it	if you Date of notice
25.	Have you notified any governmental unit of any r	elease of hazardous material?		
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, know it	if you Date of notice
26.	Have you been a party in any judicial or administ	rative proceeding under any env	rironmental law? Include	settlements and orders.
	■ No □ Yes. Fill in the details.			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Pa	rt 11: Give Details About Your Business or Conn	ections to Any Business		
27.	Within 4 years before you filed for bankruptcy, di	id you own a business or have a	ny of the following conne	ctions to any business?
	☐ A sole proprietor or self-employed in a tr	ade, profession, or other activity	, either full-time or part-ti	me
	■ A member of a limited liability company (LLC) or limited liability partnersh	nip (LLP)	
	☐ A partner in a partnership			
	☐ An officer, director, or managing executive	ve of a corporation		
	☐ An owner of at least 5% of the voting or €	equity securities of a corporation		

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■ No. None of the above applies. Go to	Part 12.		
Yes. Check all that apply above and fi	ill in the details below for each business.		
Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Do not incl	dentification number ude Social Security number or ITIN.
Dorson Home Care, Inc. 395 Pleasant Valley Way 1st Floor West Orange, NJ 07052	Home Care Leslie G. Daley, CPA Leslie G. Daley, LLC CPA 1923 Springfield Avenue Maplewood, NJ 07040		22-2863675
Dorson Vocational Institute, LLC South Harrison Street East Orange, NJ 07018		EIN:	59-3783535
 28. Within 2 years before you filed for bankrup institutions, creditors, or other parties. No Yes. Fill in the details below. Name Address (Number, Street, City, State and ZIP Code) 	otcy, did you give a financial statement to a Date Issued	nyone about y	your business? Include all financial
Part 12: Sign Below			
I have read the answers on this Statement of Frare true and correct. I understand that making with a bankruptcy case can result in fines up to 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Sonia Y Scott	a false statement, concealing property, or c	btaining mon	
Sonia Y Scott Signature of Debtor 1	Signature of Debtor 2		
Date December 6, 2017	Date		
Did you attach additional pages to <i>Your Statem</i> ■ No □ Yes	nent of Financial Affairs for Individuals Filin	ng for Bankrup	otcy (Official Form 107)?
Did you pay or agree to pay someone who is no ■ No □ Yes. Name of Person Attach the Bankt	ot an attorney to help you fill out bankrupto	•	(Official Form 119).

Fill in this inform	nation to identify your case:
Debtor 1	Sonia Y Scott
Debtor 2 (Spouse, if filing)	
United States B	Sankruptcy Court for the: District of New Jersey
Case number (if known)	17-32156

Check	as directed in lines 17 and 21:								
	According to the calculations required by this Statement:								
	1. Disposable income is not determined under11 U.S.C. § 1325(b)(3).								
•	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).								
	3. The commitment period is 3 years.								
	4. The commitment period is 5 years.								
	Check if this is an amended filing								

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 4,000.00 0.00 payroll deductions). 3. Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not 0.00 0.00 filled in. Do not include payments you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property **Debtor 1** 11,409.91 \$ Gross receipts (before all deductions) 2.400.00 -\$ Ordinary and necessary operating expenses Copy Net monthly income from rental or other real 9,009.91 here -> \$ \$ 9,009.91 0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

property

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17-32156

Case number (if known)

Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 0.00 \$ 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you_____ 0.00 0.00 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the 0.00 0.00 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. \$ 11. Calculate your total average monthly income. Add lines 2 through 10 for 13,009.91 0.00 13,009.91 each column. Then add the total for Column A to the total for Column B. Total average Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 13,009.91 13. Calculate the marital adjustment. Check one: ☐ You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 13,009.91 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 13.009.91 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). **x** 12 156,118.92 15b. The result is your current monthly income for the year for this part of the form.

Sonia Y Scott

Debtor 1

Case 17-32156-JKS Doc 13 Filed 12/06/17 Entered 12/06/17 20:39:05 Desc Main Page 33 of 47 Document Sonia Y Scott Debtor 1 Case number (if known) 17-32156 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. 16b. Fill in the number of people in your household. 2 16c. Fill in the median family income for your state and size of household. 75,305.00 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 17b. 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) Part 3: 18. Copy your total average monthly income from line 11. \$ 13,009.91 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. -\$ 13,009.91 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 13,009.91 20a. Copy line 19b Multiply by 12 (the number of months in a year). x 12 \$ 156,118.92 20b. The result is your current monthly income for the year for this part of the form 75,305.00 20c. Copy the median family income for your state and size of household from line 16c \$ 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment* period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The

Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Sonia Y Scott

Sonia Y Scott

Signature of Debtor 1

Date December 6, 2017

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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Fill in t	his info	ormation to ic	lentify your	case:									
Debtor	1	Sonia Y So	ott				_						
Debtor (Spous	2 e, if filin	g)					_						
United	States E	Bankruptcy Co	urt for the:	District of Ne	ew Jersey		_						
Case n		17-32156					_		☐ Chec	k if this i	is an am	ended	filing
official Cha		^{22C-2} 13 Calc	ulation	of You	ır Dispo	osable	Incon	ne					04/1
		form, you will Pe <i>riod</i> (Officia			opy of <i>Chap</i>	ter 13 State	ment of Yo	our Currei	nt Monthi	y Income	and Cal	culatio	n of
space is	s neede	e and accurated, attach a sees, write your	eparate she	et to this for	m, Include th								
Part 1:	Ca	Iculate Your I	Deductions	from Your In	ncome								
the c	questio	I Revenue Sens in lines 6-1 may also be	5. To find t	he IRS stand	lards, go onli	ine using th							
expe	nses if t	expense amou they are highe d do not deduc	r than the sta	andards. Do r	not include an	y operating	expenses t	that you su	btracted f	rom incon			
If you	ur exper	nses differ fron	n month to m	onth, enter th	ne average ex	rpense.							
Note	: Line n	umbers 1-4 ar	e not used ir	this form. Th	nese numbers	apply to inf	ormation re	equired by	a similar f	orm used	in chapte	er 7 cas	es.
5.	The nu	mber of peop	le used in d	letermining y	your deduction	ons from in	come						
	plus the	ne number of pe number of ar nber of people	y additional	dependents v							2		
Natio	onal Sta	andards	You mus	st use the IRS	S National Sta	andards to a	nswer the c	questions i	n lines 6-7	' .			
		clothing, and rds, fill in the c					red in line	5 and the I	RS Natior	nal	\$		1,132.00
	the doll	pocket health ar amount for who are 65 or	out-of-pocke	t health care.	. The number	of people is	split into tv	wo categor	iespeopl	e who are	e under 65	5 and	

Official Form 22C-2

higher than this IRS amount, you may deduct the additional amount on line 22.

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Page 35 of 47 Sonia Y Scott 17-32156 Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 2 7c. Subtotal. Multiply line 7a by line 7b. 98.00 Copy here=> 98.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 117 7e. Number of people who are 65 or older 0 7f. Subtotal. Multiply line 7d by line 7e. 0.00 Copy here=> 0.00 7g. Total. Add line 7c and line 7f 98.00 Copy total here=> \$ 98.00 Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 624.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 2,251.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment **Carrington Mortgage** 1,490.58 \$ Сору Repeat this amount 1,490.58 1.490.58 9b. Total average monthly payment \$ here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 760.42 760.42 or rent expense). If this number is less than \$0, enter \$0. here=>

affects the calculation of your monthly expenses, fill in any additional amount you claim. Explain why:

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and

0.00

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Sonia Y Scott Debtor 1 Case number (if known) 17-32156 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 299.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 **Describe Vehicle 1:** 13a. Ownership or leasing costs using IRS Local Standard..... 0.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment -NONE-Repeat this Copy amount on Total Average Monthly Payment 0.00 0.00 here => 13c. Net Vehicle 1 ownership or lease expense Copy net Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 0.00 0.00 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment \$ Сору Repeat this here amount on line Total average monthly payment 0.00 33c. 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 0.00 0.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the

Public Transportation expense allowance regardless of whether you use public transportation.

not claim more than the IRS Local Standard for Public Transportation.

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may

0.00

0.00

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Debtor 1 Sonia Y Scott Case number (if known) 17-32156

	er Necessary Expenses	In addition to the expense the following IRS categoria		listed above	, you are allowed your monthly expenses	s for	
16.	self-employment taxes, soc	cial security taxes, and Medowever, if you expect to recome the total monthly amou	dicare taxes ceive a tax	. You may ind refund, you m	d local taxes, such as income taxes, clude the monthly amount withheld from nust divide the expected refund by 12 for taxes.	\$	0.00
17	Involuntary deductions:	·	duations th	ot vour ich ro	quires queb es retirement	· —	
17.	contributions, union dues, a		eductions in	at your job re	quires, such as retirement		
	Do not include amounts that	at are not required by your	job, such as	voluntary 40	11(k) contributions or payroll savings.	\$	0.00
18.	filing together, include payr	ments that you make for yo or life insurance on your de	ur spouse's	term life insu	e insurance. If two married people are trance. I spouse's life insurance, or for any form	\$	0.00
19.	Court-ordered payments: administrative agency, suc				by the order of a court or		
					You will list these obligations in line 35.	\$	0.00
20.	Education: The total mont	hly amount that you pay fo	r education	that is either	required:		
	as a condition for your j	ob, or					
	for your physically or me	entally challenged depende	ent child if n	o public educ	ation is available for similar services.	\$	0.00
21.	Childcare: The total month Do not include payments for			,	sitting, daycare, nursery, and preschool.	\$	0.00
22.	Additional health care ex	penses, excluding insura th and welfare of you or yo	ince costs: ur depende	The monthly nts and that is	amount that you pay for health care s not reimbursed by insurance or paid al entered in line 7.		
	Payments for health insura	nce or health savings acco	unts should	be listed only	y in line 25.	\$	0.00
23.	for you and your dependent phone service, to the extensione, if it is not reimburs Do not include payments for	ts, such as pagers, call wa it necessary for your health ed by your employer. or basic home telephone, ir	iting, caller and welfar	identification, e or that of yo	you pay for telecommunication services special long distance, or business cell our dependents or for the production of rvice. Do not include self-employment tount you previously deducted.	+\$	0.00
24.	Add all of the expenses a	llowed under the IRS exp	ense allov	ances.		\$	2,913.42
	Add all of the expenses a Add lines 6 through 23. itional Expense Deduction	ns These are additional	deductions	allowed by th		\$	2,913.42
Add	Add lines 6 through 23. itional Expense Deduction Health insurance, disabil	ns These are additional Note: Do not include ity insurance, and health	deductions any expens	allowed by the se allowances			2,913.42
Add	Add lines 6 through 23. itional Expense Deduction Health insurance, disabil insurance, disability insurance.	ns These are additional Note: Do not include ity insurance, and health	deductions any expens	allowed by the se allowances	s listed in lines 6-24. ses. The monthly expenses for health		2,913.42
Add	Add lines 6 through 23. itional Expense Deduction Health insurance, disabil insurance, disability insurance, your dependents.	ns These are additional Note: Do not include ity insurance, and health	deductions any expensions savings accounts that	allowed by the se allowances acount expensare reasonab	s listed in lines 6-24. ses. The monthly expenses for health		2,913.42
Add	Add lines 6 through 23. itional Expense Deduction Health insurance, disabil insurance, disability insurary your dependents. Health insurance	ns These are additional Note: Do not include ity insurance, and health	deductions any expensions accounts that	allowed by the se allowances allowances are reasonab	s listed in lines 6-24. ses. The monthly expenses for health		2,913.42
Add	Add lines 6 through 23. itional Expense Deduction Health insurance, disabil insurance, disability insurary your dependents. Health insurance Disability insurance	ns These are additional Note: Do not include ity insurance, and health	deductions any expensions assigned assigned assigned assigned assigned as a second as a se	allowed by the se allowances allowances account expensare reasonabed 0.00	s listed in lines 6-24. ses. The monthly expenses for health		0.00
Add	Add lines 6 through 23. itional Expense Deduction Health insurance, disabil insurance, disability insurary your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this	These are additional Note: Do not include ity insurance, and health nce, and health savings actions are total amount?	deductions any expensions savings accounts that	allowed by the se allowances account expensare reasonabe 0.00 0.00 0.00	s listed in lines 6-24. ISES. The monthly expenses for health ly necessary for yourself, your spouse, o	or .	
Add	Add lines 6 through 23. itional Expense Deduction Health insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this No. How much do you	These are additional Note: Do not include ity insurance, and health nce, and health savings actions are total amount?	deductions any expensions savings accounts that	allowed by the se allowances account expensare reasonabe 0.00 0.00 0.00	s listed in lines 6-24. ISES. The monthly expenses for health ly necessary for yourself, your spouse, o	or .	
Add 25.	Add lines 6 through 23. itional Expense Deduction Health insurance, disabili insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this No. How much do your yes Continued contributions continue to pay for the reas	These are additional Note: Do not include ity insurance, and health nce, and health savings actional amount? To the care of household conable and necessary care of your immediate family was not included.	savings accounts that \$ + \$ or family ne and support on a business and support of a business	allowed by the se allowances occur expensare reasonabe 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	ce actual monthly expenses that you will rely, chronically ill, or disabled member of such expenses. These expenses may	or .	
25. 26.	Add lines 6 through 23. itional Expense Deduction Health insurance, disabil insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this No. How much do your yes Continued contributions continue to pay for the reasyour household or member include contributions to an Protection against family	These are additional Note: Do not include ity insurance, and health nce, and health savings actually spend? To the care of household conable and necessary carrof your immediate family vaccount of a qualified ABLI violence. The reasonably	savings accounts that \$ + \$ or family ne and support on sunab E program. necessary	allowed by the seallowances allowed by the seallowances are reasonable and the seal of the	ce actual monthly expenses that you will rely, chronically ill, or disabled member of such expenses. These expenses may	\$	0.00

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btor 1	Sonia Y Scott		Case number (if kr	nown)	17-3	2156		
	Additional home energy costs. Your homine 8.	e energy costs are included in your insura	nce and opera	iting 6	expense	es on		
	If you believe that you have home energy on the fill in the excess amount of home er		costs included	in ex	oenses	on line	e	
	You must give your case trustee document amount claimed is reasonable and necessa		st show that th	ne ad	ditional		\$_	0.0
9	Education expenses for dependent child \$160.42* per child) that you pay for your depublic elementary or secondary school.	Iren who are younger than 18. The mont pendent children who are younger than 18	hly expenses (Byears old to a	(not n	nore that I a priva	an ate or		
	You must give your case trustee document claimed is reasonable and necessary and r		st explain why	the a	amount			
*	Subject to adjustment on 4/01/19, and eve	ery 3 years after that for cases begun on or	r after the date	of a	djustme	nt.	\$_	0.0
ŀ	Additional food and clothing expense. Thigher than the combined food and clothing than 5% of the food and clothing allowance	allowances in the IRS National Standards						
	To find a chart showing the maximum addit nstructions for this form. This chart may als			sepai	ate			
`	You must show that the additional amount	claimed is reasonable and necessary.					\$_	0.0
	Continuing charitable contributions. The nstruments to a religious or charitable orga		e in the form o	f cas	n or fina	ancial		
ľ	Do not include any amount more than 15%	of your gross monthly income.					\$_	0.0
	Add all of the additional expense deduct Add lines 25 through 31.	tions.					\$	0.00
Dedu	ctions for Debt Payment							
	or debts that are secured by an interest pans, and other secured debt, fill in lines		ne mortgages	, veh	icle			
To	o calculate the total average monthly paym reditor in the 60 months after you file for ba	ent, add all amounts that are contractually	due to each s	ecure	ed			
-	Mortgages on your home						Avera	ge monthly ent
33a.	Copy line 9b here					=>	\$	1,490.58
	Loans on your first two vehicles							
33b.	Copy line 13b here					=>	\$	0.00
33c.	O !' 40 . h					=>	\$	0.00
33d.	List other secured debts:							
	e of each creditor for other secured debt	Identify property that secures the debt		inclu	s paym ide tax isuranc	es		
					No			
	-NONE-				Yes		\$	
				_			–	
					No			
					Yes		\$	
					No			
					Yes	+	\$	
						٦		
33e	Total average monthly payment. Add lines	s 33a through 33d	\$	1,49	0.58	Copy total here=		1,490.58

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ebtor 1 So	nia Y Scott			Case	number (if known)	17-32156	
	y debts that you listed in lin er property necessary for yo						
■ No	. Go to line 35.						
☐ Yes	s. State any amount that you listed in line 33, to keep po Next, divide by 60 and fill in	ssession of your property (d					
Name of the	ne creditor	Identify property that secu	res the debt		Total cure amount		onthly cure
-NONE-				\$		÷ 60 = \$	nount
HONE				¥			
				Total	\$	OO Copy total here=>	\$
	u owe any priority claims - s st due as of the filing date o				at		
□ No.	. Go to line 36.						
■ Yes		ch as those you listed in line	19.				
	Total amount of all past-d	ue priority claims			362,189.0	90 ÷ 60	\$ 6,036.48
36. Projec	ted monthly Chapter 13 plar	payment			\$		
Office of the Exe	t multiplier for your district as soft the United States Courts (for ecutive Office for United States a list of district multipliers that inclue instructions for this form. This list	r districts in Alabama and N s Trustees (for all other districtes rides your district, go online usin	orth Carolir icts). g the link spe	na) or by cified in the	<		
Averag	e monthly administrative expe	nse			\$	Copy total here=> \$	
	all of the deductions for deb nes 33e through 36.	t payment.					\$
Total Ded	uctions from Income						
38. Add al	I of the allowed deductions.						
	line 24, All of the expenses allowances		\$	2,913.42	-		
	line 32, All of the additional ex		\$	0.00	_		
Сору	line 37, All of the deductions f	or debt payment	+\$	7,527.06	-		
Total	deductions		\$	10,440.48	Copy total here	e=> \$	10.440.48

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Sonia Y Scott 17-32156 Debtor 1 Case number (if known) Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2) Part 2: 39. Copy your total current monthly income from line 14 of Form 122C-1. Chapter 13 13,009.91 Statement of Your Current Monthly Income and Calculation of Commitment Period. 40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably 0.00 necessary to be expended for such child. 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as 0.00 specified in 11 U.S.C. § 362(b)(19). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here => 10,440.48 43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. Describe the special circumstances Amount of expense Сору 0.00 0.00 Total \$ here=> \$ Copy 44. **Total adjustments.** Add lines 40 through 43. 10,440.48 10.440.48 here=> =\$ 2.569.43 45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. Part 3: Change in Income or Expenses 46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. Form Increase or I ine Reason for change Date of change Amount of change decrease? ☐ Increase ☐ 122C-1 ☐ 122C-2 ☐ Decrease ☐ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease ☐ 122C-1 ☐ Increase ■ 122C-2 ☐ Decrease ☐ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease

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Debtor 1	Sonia Y Scott	Case number (if known)	17-32156	

rt 4:	Sign Below	
	By cianing hore linder populty of perili	
	by signing here, under penalty of perjui	ry you declare that the information on this statement and in any attachments is true and correct.
	/s/ Sonia Y Scott	ry you declare that the information on this statement and in any attachments is true and correct.
	/s/ Sonia Y Scott Sonia Y Scott	ry you declare that the information on this statement and in any attachments is true and correct.
X	/s/ Sonia Y Scott Sonia Y Scott Signature of Debtor 1	ry you declare that the information on this statement and in any attachments is true and correct.
X	/s/ Sonia Y Scott Sonia Y Scott	ry you declare that the information on this statement and in any attachments is true and correct.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7	7 :	Liquidation
\$2	245	filing fee
;	\$75	administrative fee
+	\$15	trustee surcharge
\$:	335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-32156-JKS Doc 13 Filed 12/06/17 Entered 12/06/17 20:39:05 Desc Main Document Page 46 of 47

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtDistrict of New Jersey

In r	e Sonia Y Scott		Case No.	17-32156
		Debtor(s)	Chapter	13
	DISCLOSURE OF COMPI	ENSATION OF ATTORN	NEY FOR DE	BTOR(S)
1.	Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the fil be rendered on behalf of the debtor(s) in contemplation	ing of the petition in bankruptcy, or	agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	3,835.00
	Prior to the filing of this statement I have received	1	\$	3,835.00
	Balance Due		\$	0.00
2.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4.	■ I have not agreed to share the above-disclosed com	npensation with any other person un	less they are memb	pers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compen copy of the agreement, together with a list of the n			
5.	In return for the above-disclosed fee, I have agreed to	render legal service for all aspects o	of the bankruptcy ca	ase, including:
	 a. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, state. c. Representation of the debtor at the meeting of credit d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications of the secured creditors of the secured creditors to reaffirmation agreements and applications. 	atement of affairs and plan which meters and confirmation hearing, and a reduce to market value; exemptions as needed; preparation at	ay be required; any adjourned hear ption planning;	rings thereof;
6.	By agreement with the debtor(s), the above-disclosed f Representation of the debtors in any d any other adversary proceeding.			es, relief from stay actions or
		CERTIFICATION		
this	I certify that the foregoing is a complete statement of a bankruptcy proceeding.	ny agreement or arrangement for pa	yment to me for re	epresentation of the debtor(s) in
	December 6, 2017	/s/ Tomas Espinosa	1	
_	Date	Tomas Espinosa 02		
		Signature of Attorney Tomas Espinosa, E	sa.	
		8324 Kennedy Blvd		
		2nd Floor North Bergen, NJ 0	7047	
		201.223.1803 Fax:		
		te@lawespinosa.co	m	
1		name of law firm		

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United States Bankruptcy CourtDistrict of New Jersey

In re	Sonia Y Scott		Case No.	17-32156
,		Debtor(s)	Chapter	13

	VERIFICATION OF CREDITOR MATRIX			
The ab	ove-named Debtor hereby verifies	that the attached list of creditors is true and correct to the best of his/her knowledge.		
Date:	December 6, 2017	/s/ Sonia Y Scott Sonia Y Scott		
		Signature of Debtor		